FOR DHS USE ONLY

Case Name		
Case Number	DHS Specialist	
DHS Office		Date

CHILD DEVELOPMENT AND CARE (CDC) APPLICATION

State of Michigan
Department of Human Services(DHS)

INSTRUCTIONS: • You must live in Michigan. • Your completed and signed application must be received by DHS before eligibility is determined. • Providing your Social Security Number (SSN) is voluntary. If you do provide it, the SSN may be used for establishing identity and for tracking and reporting purposes.

SECTION 1 – APPLICANT INFORMATION

1. Full name of applicant (*First, middle, last*)

2. Former/maiden name

3. Marital status
☐ Never Married ☐ Married ☐ Divorced
☐ Separated ☐ Widowed

4. Authorized representative name (*First, middle, last*)

5. Authorized representative address

6. Will the authorized representative be providing care for any of the children on this application?
☐ No ☐ Yes If yes ▶ Name of child(ren):

7. Check where you live:
☐ House/apartment/mobile home ☐ Homeless ☐ Other

8. Address where you live, or address of facility (number, street, rural route, apartment/lot number)

City	State	ZIP code	County

9. Mailing address (if different from above or PO box)

City	State	ZIP code	County

10. Home phone	11. Cell phone	12. Work phone	13. TTY #

14. Phone number where we can leave a message	Whose is it? (name/relationship)	15. Email address

16. Ethnicity (optional)
☐ Hispanic/Latino
☐ Non-Hispanic/Latino

17. Race (optional)
☐ American Indian/Alaska Native – Enter tribe name ____________
☐ Native Hawaiian/Other Pacific Islander
☐ Asian
☐ Black/African American
☐ White

18. I need child care services for (*Check **all** that apply.*)
☐ Work
☐ High School or GED Completion
☐ Approved Education/Training/Employment Preparation
☐ Treatment for Health or Social Condition (explain):
____

19. I need study time for *(Check **all** that apply.)* — Number of weekly hours
☐ High School or GED Completion ____________
☐ Approved Education/Training/ Employment Preparation ____________

SECTION 2 – LIST ALL PERSONS LIVING IN YOUR HOME: (*Attach additional sheet if needed.*)

Name (First, middle, last)	Date of birth	U.S. citizen?	Sex (M/F)	Relationship to you	Social Security Number (*voluntary*)	Does this person attend school?	Receive cash assistance benefits from DHS	Receive SSI benefit?
		☐ No ☐ Yes	☐ M ☐ F	**SELF**		☐ No ☐ Yes If yes, where and address ____	☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ M ☐ F			☐ No ☐ Yes If yes, where and address ____	☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ M ☐ F			☐ No ☐ Yes If yes, where and address ____	☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ M ☐ F			☐ No ☐ Yes If yes, where and address ____	☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ M ☐ F			☐ No ☐ Yes If yes, where and address ____	☐ No ☐ Yes	☐ No ☐ Yes

CONTINUE ON PAGE 2 ▶

SECTION 3 – LIST CHILDREN IN YOUR HOME WHO NEED CHILD CARE: (*Attach additional sheet if needed.*)

Name of child needing care	Provider Name	Provider ID Number (if known)

SECTION 4 – OTHER INFORMATION: Check all that apply.

☐ I am a foster parent requesting child care **only** for a **foster child(ren)**.

☐ I need child care **only** to participate in a required activity for my **DHS Protective Services** case.

SECTION 5 – INFORMATION ABOUT ALL CHILDREN UNDER AGE 18 WHO LIVE IN YOUR HOME

Complete table below. (*Attach additional sheet if needed.*)

List the full name of all children under the age of 18 who live in your home (*First, middle, last*)	List full name of each child's mother and father. Write "Unknown" if you do not know who the mother or father is. (*First, middle, last*)	Is parent living in the home?	If the child does not live with a parent, who does the child live with and the relationship to the child?	If parent not in the home, ☒ proper box.							Parent's mailing address if different from the applicant.	Does the parent provide child support?
				Married	Divorced	Separated	Prison	Dead	In the military	Absent for other reason		
Child 1	Mother	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____
	Father	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____
Child 2	Mother	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____
	Father	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____
Child 3	Mother	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____
	Father	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____
Child 4	Mother	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____
	Father	☐ No ☐ Yes	Name _____ Relationship _____	☐	☐	☐	☐	☐	☐	☐		☐ No ☐ Yes If yes, provide support # if known _____

CONTINUE ON PAGE 3 ▸

SECTION 6 – SELF-EMPLOYMENT ONLY – List anyone in your home who is self-employed including yourself. Attach current proof. (*Attach additional sheet if needed.*)

Self-employed person	Start date	Business name/address/ phone number	Type of work	Hours of self-employment	Gross monthly income (amount before any expenses)	Date of most recent or last pay check
				Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____	$	
Self-employed person	Start date	Business name/address/ phone number	Type of work	Hours of self-employment	Gross monthly income (amount before any expenses)	Date of most recent or last pay check
				Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____	$	

SECTION 7 – EMPLOYMENT INCOME – List anyone in your home with any earnings including yourself. Attach current proof. (*Attach additional sheet if needed.*)

Name of working person	Start date	Employer name/address/ phone number	Type of work	Job Title	Work schedule Hours
					Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

If new job, first pay check date

Will employment continue?
☐ Yes ☐ No

Day of week pay is received

Most recent or last pay check date

Average number of hours expected to work
_____ per ☐ Week ☐ Pay period

Rate of pay
$ _____ ☐ Hourly ☐ Salary ☐ Other _____

How often are checks received?
☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Other _____

Do you receive any of the following?
☐ Bonus ☐ Commission

OR

Do you work Overtime?
☐ Yes ☐ No

▸ If yes, amount $ _____ How often? _____

Do you receive tips not included in your check? ☐ Yes ☐ No

▸ If yes, average tips not included $ _____ Per ☐ Week ☐ Pay period ☐ Other _____

CONTINUE ON PAGE 4 ▸

Name of working person	Start date	Employer name/address/ phone number	Type of work	Job Title	Work schedule Hours Mon Tue Wed Thur Fri Sat Sun

If new job, first pay check date

Will employment continue?
☐ Yes ☐ No

Day of week pay is received

Date of most recent or last pay check date

Average number of hours expected to work
_____ per ☐ Week ☐ Pay period

Rate of pay
$ _____ ☐ Hourly ☐ Salary ☐ Other _____

How often are checks received?
☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Other _____

Do you receive any of the following?
☐ Bonus ☐ Commission

▸ If yes, amount $ _____

OR

Do you work Overtime?
☐ Yes ☐ No

How often? _____

Do you receive tips not included in your check? ☐ Yes ☐ No

▸ If yes, average tips not included $ _____ Per ☐ Week ☐ Pay period ☐ Other _____

SECTION 8 – UNEARNED INCOME – Attach current proof. (*Attach additional sheet if needed.*)

Does anyone in your household receive, or expect to receive, any other income other than earnings?
☐ No ☐ Yes ▸ Check all boxes that apply and complete the table.

- ☐ Money from friends or relatives, etc.
- ☐ Social Security benefits
- ☐ Unemployment compensation
- ☐ State Disability Assistance (SDA)
- ☐ Pension/retirement benefits
- ☐ Worker's compensation
- ☐ Child support
- ☐ Education grants or loans
- ☐ Gaming distribution (lottery)
- ☐ Income/payments from a tribe (tribal GA, land claims, casino profit sharing, etc.)
- ☐ Housing assistance
- ☐ Disability benefits
- ☐ Crops and farm income
- ☐ Veteran's benefits
- ☐ Military allotments
- ☐ Land contract, mortgage or rental income
  Name of tenant: ▸ _____
- ☐ Other _____

Person(s) receiving/ expecting money	Income source/type listed above	How often received	Amount received	Expected to continue	Date expecting if not yet receiving
			$	☐ No ☐ Yes	
			$	☐ No ☐ Yes	
			$	☐ No ☐ Yes	

SECTION 9 – STATE OF MICHIGAN VOTER REGISTRATION APPLICATION

If you are not already registered to vote at your current address, would you like to register to vote? ☐ Yes ☐ No

NOTE: If you do not check either box, the Department will assume you have decided not to register to vote at this time.

Applying or declining to register to vote will not affect the amount of help that you will be provided by this department. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Secretary of State, PO Box 20126, Lansing, MI 48901-0726.

CONTINUE ON PAGE 5 ▸

SECTION 10 – RIGHTS AND ACKNOWLEDGMENTS:

1. **APPLICATION:** I understand that I have the right to file an application today or at any time, including prior to any interview or appointment, and the application must be approved or denied within 45 days from the day it is received by the DHS.
2. **NON-DISCRIMINATION:** I understand that if I believe I have been discriminated against because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, gender identity, handicap, or political beliefs, I have the right to file a complaint with the Secretary, Department of Health and Human Services in Washington, D.C.
3. **REPORTING REQUIREMENTS:**
   - I understand that the Department needs to know of any changes in income or circumstances of any person listed on this form.
   - **I will report to the DHS specialist who handles my Child Development and Care (CDC) case, any changes within ten work days of the change.** This includes changes in my employment, school/training, income, child care arrangements (i.e. provider, where care is provided), name, address, phone numbers, household members, marital status, etc., and any other change which may affect my eligibility or the amount of benefits.
   - I understand that if I neglect or refuse to report required changes, or make false or misleading statements, I can be prosecuted for fraud or perjury.

   If you have any doubt about whether you should report a change, call your specialist at the local DHS office.
4. **PROGRAM PENALTIES:** Violation of program rules may result in a disqualification of 6 months, 12 months or a lifetime.
5. **REPAYMENT OF BENEFITS:** I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.
6. **HEARINGS:** I understand that if I do **not** agree with any decision made on any matter concerning my case, I have the right to ask for an Administrative Hearing. I understand that I can ask for information about an Administrative Hearing by calling the county DHS office, and that I can request an Administrative Hearing by writing to the local DHS office.
7. **AFFIDAVIT:** I swear or affirm that all the information I have written on this form or told to a DHS specialist is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. If I have intentionally left out any information or given false information which causes me to receive benefits I am not entitled to, or more benefits than I am entitled to, I understand that I can be prosecuted for fraud.
8. **RELEASE OF INFORMATION:** I authorize the Department to provide information to my child care provider(s) when CDC services have been authorized or when there are changes in the authorization information previously given to the provider or when my application for CDC is denied or withdrawn or my case is closed. I also authorize the Department or any child care provider that may provide care for my child(ren) to release information necessary to determine my right to benefits under any other local, state or federal program.
   I authorize the Social Security Administration to give to the Department all information necessary to determine my eligibility for CDC benefits.
9. **COMPUTER CROSS-CHECKING:** The Department will check with federal, state and private agencies to make sure the information you provide on this application is correct. The Department may check wages, income, assets, unemployment benefits, income tax refunds, Social Security benefits and numbers, immigration status, etc.

I UNDERSTAND THAT:

- If approved for CDC, I may only use child care services during the times that I, and all other parents/substitute parents in my home, are unavailable due to employment, high school completion classes, approved education and training activities and approved activities for a health or social condition.
- I am responsible for any child care costs not paid by the Department, including benefits which may have been authorized but for which I no longer qualify, based on a change in circumstances.
- I am not eligible for CDC benefits before the need exists or before the DHS local office receives my signed application.
- If a reported change results in a reduction in benefits, the reduction will be made as soon as administratively possible by the Department without advance notice.
- Child care must be provided in Michigan by either a licensed child care center, licensed group child care home, registered family child care home, an enrolled unlicensed provider who provides care in the home where the child lives or who is a grandparent, great-grandparent, aunt/great-aunt, uncle/great-uncle or sibling of the child and who provides the care in his/her home.
- I understand that my provider is considered self-employed and not employed by the Department. My provider receives a payment that is issued on my behalf by the Department.
- My application may be one of those chosen for a complete investigation, and a Department representative might call my home and might contact other people in order to verify my eligibility for assistance.
- If I choose an unlicensed provider, he or she will not be enrolled or will not receive payment if:
  - He/she, or any adult reported as living in the provider's home, is on the DHS central registry as a perpetrator on a substantiated Children's Protective Services case or has been charged or convicted of certain disqualifying crimes.
  - **He/she has not completed the Basic Training requirement. (Great Start to Quality Orientation). No care provided prior to the training date will be paid by the Department.**

I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM. (If you have any questions, be sure to ask your DHS specialist.)

Signature of applicant or representative	Date of signature
Signature of DHS specialist	Date of signature

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	This form is issued under authority of Public Act 280 of 1939. Completion of this form is voluntary. However, if it is not completed, your eligibility cannot be determined and you will not receive child care services.